

FEDERAL PROTECTIVE SERVICE

** FOR OFFICIAL USE ONLY **

CASE NUMBER <input type="checkbox"/> Follow-up Report B170022/1		Occur Date Span 3-14-17 thru 3-14-17		Occur Time Span 1442 thru 1510		Report Date 3-14-17	Report Time 1442				
Code 1530	Type of Offense or Incident ACCIDENT- NON TRAFFIC- INJURY					Arrive Date 3-14-17	Arrive Time 1442				
Building No. 1121522	Address 11 W. QUINCY COURT CHICAGO, IL 60604					Rtn to Svc Dt 3-14-17	Rtn to Svc Tm 1530				
Incident Location LOBBY		Agency Name DEPARTMENT OF LABOR				Agency Code 4700					
Est Num Dem <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-300 <input type="checkbox"/> 301-500 <input type="checkbox"/> 500+		Est Num Evc <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-300 <input type="checkbox"/> 301-500 <input type="checkbox"/> 500+									
NARRATIVE ON 3-14-17 @ APPROXIMATELY 1442 HOURS. TWO FEMALE EMPLOYEES WERE EXITING THE BUILDING, WHEN THEY WERE STRUCK BY A MAGNETIC DOOR CONTACT. SUBJECT #1 MARTY FLETCHER WAS STRUCK ON LEFT SIDE OF HEAD, SUBJECT #2 CHARMAINE SAFFORE WAS STRUCK ON RIGHT SHIN. SEE PAGE #2											
INVOLVED PERSON <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Suspect <input type="checkbox"/> Government Employee <input checked="" type="checkbox"/> Government Contractor <input type="checkbox"/> Other <input type="checkbox"/> Missing Person											
No. 1	Name (last, first, middle) FLETCHER, MARTY		Alias		Date of Birth / Age	Sex	Race	Height	Weight	Eyes	Hair
Address 11 W. QUINCY COURT		City CHICAGO		State IL	Zip Code 60604	Country USA					
Driver's License Number		State	Social Security #		Nationality		Country of Birth		Home Phone		
Scars, Marks, Tattoos / Other				Arrested <input type="checkbox"/>	Citation Number		NCIC Number		Work Phone 312-886-8000		
Employer DEPARTMENT OF LABOR		Employer City CHICAGO		State IL	Employer Zip 60604	Employer Country USA					
INVOLVED PERSON <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Suspect <input type="checkbox"/> Government Employee <input type="checkbox"/> Government Contractor <input type="checkbox"/> Other <input type="checkbox"/> Missing Person											
No. 2	Name (last, first, middle) SAFFORE, CHARMAINE		Alias		Date of Birth / Age	Sex	Race	Height	Weight	Eyes	Hair
Address 11 W. QUINCY COURT		City CHICAGO		State IL	Zip Code 60604	Country USA					
Driver's License Number		State	Social Security #		Nationality		Country of Birth		Home Phone		
Scars, Marks, Tattoos / Other				Arrested <input type="checkbox"/>	Citation Number		NCIC Number		Work Phone 312-886-8000		
Employer DEPARTMENT OF LABOR		Employer City CHICAGO		State IL	Employer Zip 60604	Employer Country USA					
VEHICLE <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Recovered <input type="checkbox"/> Suspect <input type="checkbox"/> Other <input type="checkbox"/> Govt <input type="checkbox"/> Evidence											
No.	License No	State	Reg Yr	Make		Model		Veh Yr	Value		
R/O Name (last, first, middle)				Color		VIN		NCIC Number			
R/O Address			City	State	Zip Code	Country					
PROPERTY <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Recovered <input type="checkbox"/> Suspect <input type="checkbox"/> Found <input type="checkbox"/> Other <input type="checkbox"/> Govt <input type="checkbox"/> Evidence <input type="checkbox"/> Weapon											
No.	Type			Make		Model		Color			
Owner Name (last, first, middle)				Serial Number		Value		NCIC Number			
Address			City	State	Zip Code	Country					
Officer Names/Signature / ID# (b) (6) Date 3-14-17 Supervisor Date Approved											

Distribution: ☐ Investigations ☐ AUSA ☐ Local Prosecutor ☐ RO ☐ Other
 Case Status: ☐ Open ☐ Closed ☐ Unfounded

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Narrative Continuation

BOTH INDIVIDUALS WERE TRANSPORTED TO NORTHWESTERN HOSPITAL BY CHICAGO FIRE DEPARTMENT AMBULANCE #44 AT APPROXIMATELY 1510 HOURS. FEDERAL PROTECTIVE SERVICE INVESTIGATOR WILKERSON WAS ON SCENE. GSA BUILDING MANAGER MARCO LOPEZ AND DEPARTMENT OF LABOR MANAGEMENT WERE NOTIFIED OF INCIDENT.

Officer Names/Signature / ID# (b) (6)	Date 3-14-17	Supervisor	Date Approved
(b) (6)			

CASE NUMBER B1700 2211

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3155 Report
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REPORT OF GSA PROPERTY DAMAGE OR NON-GSA EMPLOYEE PERSONAL INJURY		REPORT CONTROL NUMBER	
This form is not to be used for reporting GSA motor vehicle accidents or GSA employee occupational injuries/illnesses. Use Standard Form 91 or 91A or CA-1 or CA-2 respectively. See reverse for complete instructions.		1. REGION	2. DATE OF ACCIDENT
		05	03/14/2017
		3. ACCIDENT REPORT NUMBER	
4. PERSON'S NAME AND HOME ADDRESS Marty Fletcher-312-437-3121 Charmaine Saffore-312-434-7086		5. REASON FOR REPORT DOL contract employees personal injury	
		6. PERSON'S TELEPHONE NUMBER	7. TIME OF ACCIDENT AM 235 PM
8. EXACT LOCATION OF ACCIDENT Lobby vestibule inner exit doors		9. NAME AND ADDRESS OF GSA FACILITY 11 W. Quincy Ct Pvt Chicago, IL 60604	
10. MEDICAL EXPECTATION Marty Fletcher: head injury...went to Mercy Hospital for evaluation...waiting to hear status Charmaine Saffore: right leg shin injury....went to Mercy Hospital for evaluation...received Tetanus shot, splint on lower leg			
11. DESCRIBE EQUIPMENT INVOLVED Fixed metal plate on main glass lobby door that latches to magnet closer came ajar and fell down			
12. OWNER OF EQUIPMENT/VEHICLE INVOLVED GSA			
A. NAME GSA		B. ADDRESS 11 W. QUINCY CT PVT CHICAGO, IL 60604	
C. TELEPHONE NUMBER 312-353-6996			
13. DETAILED DESCRIPTION OF ACCIDENT AS THE 2 DOL CONTRACT EMPLOYEES WERE EXITING THE BUILDING, A METAL PIECE OF THE DOOR CLOSER PLATE CAME AJAR AND FELL DOWN AND STRUCK ONE OF THE DOL CONTRACT EMPLOYEES IN THE HEAD. IT ALSO STRUCK THE OTHER DOL CONTRACT EMPLOYEE WHO WAS FOLLOWING BEHIND THE OTHER DOL CONTRACT EMPLOYEE IN THE LOWER LEG, HER SHIN SPECIFICALLY. THE PARAMEDICS WERE CALLED AND BOTH DOL CONTRACT EMPLOYEES WERE TAKEN TO MERCY HOSPITAL FOR EVALUATION.			
14. CORRECTIVE ACTION REATTACHED METAL PLATE AND CHECKD ALL OTHER DOORS FOR ANY LOOSE PARTS			
A. DESCRIPTION REATTACHED METAL PLATE TO DOOR AND CHECKED ALL OTHER LOBBY GLASS DOORS FOR ANY LOOSE PARTS		B. RESPONSIBLE PERSON ABLE	
		C. ACTION DATE 03/14/2017	
15. NAME AND TITLE OF SUPERVISOR MARCO A. LOPEZ, COR; PROPERTY MANAGER		SIGNATURE OF SUPERVISOR (b) (6)	
		17. TELEPHONE NUMBER 312-353-2846	
		18. DATE 03/15/2017	
19. COMMENTS			
A. REVIEWING OFFICIAL		B. S&EM CLEARANCE OFFICIAL	
20. NAME AND TITLE OF REVIEWING OFFICIAL		21. SIGNATURE OF REVIEWING OFFICIAL	
23. NAME AND TITLE OF S&EM CLEARANCE OFFICIAL		24. SIGNATURE OF CLEARANCE OFFICIAL	
		22. DATE	
		25. DATE	